

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03741 131
Reg. Dist. No.

1. PLACE OF DEATH:

County... *Frederick*
 City or town... *Frederick Rural*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Mary Herbert

7. Birth date of

deceased (mo., day, yr.)

November 2, 1870

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

*75**5**12*

hrs.

min.

9. Birthplace

Manassas, Virginia

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

*Raymond Allen*Address *515 Middle Alley, Frederick, Md.*

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

4/18/46

(month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

16 April
(Date rec'd by registrar)

19.

*46**Elizabeth Heck*
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 14, 1946 at *5 P.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 18, 1946 to *April 14, 1946*

and that I last saw him alive on

April 14, 1946

Immediate cause of death

Septicemia, rt.

DURATION

1 week

Due to

Arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*Bernard Thomas J.**M. D.*

M. D. or other

Address *Frederick, Maryland*Date signed *4-16-46*

RECEIVED

APR 18 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1950)

CERTIFICATE OF DEATH

03742

131

Reg. Dist. No.

1. PLACE OF DEATH:

County... FrederickCity or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MARYLAND County... CARROLLCity or town... Taneytown
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war...

None

3. (a) FULL NAME

John Angel

3. (b) Social Security Number

None

4. Sex

male

5. Color of race

white

6. (a) Single, married, widowed, or divorced?

MARRIED

6. (b) Name of husband or wife

HELEN MYERS

7. Birth date of

deceased (mo., day, yr.)

Sept 11 - 1907

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

3875

..... hrs. min.

9. Birthplace

CARROLL CO. MARYLAND
(Town, county, and state)

10. Usual occupation

LABORER

11. Industry or business

FATHER

12. Name

MAURICE ANGELL

13. Birthplace

MARYLAND

MOTHER

14. Maiden name

SARAH SHOFMAKER

15. Birthplace

MARYLAND

16. Informant

MRS. HELEN ANGELL

Address

TANEYTOWN - MARYLAND

17.

(Burial, cremation, or removal, Which?)

Date thereof

April 19 - 1946
(month) (day) (year)

Cemetery or crematory

Reformed Cem.

Location

Taneytown - Maryland

18. Funeral director

C. O. HESS

Address

Taneytown, Md.

19.

(Date rec'd by registrar)

17 - April 1946Elizabeth B. Heck

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH... April 16 1946, at 20.5 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19.....
and that I last saw him/her alive on April 16 1946

Immediate cause of death

Pulmonary embolism

DURATION

4 hrs.

Due to

arrhythmia on 15
April

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results... Left. worse pulmonary emboli
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... accident Date 4-22-46Where did injury occur? near Taneytown, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) farmMeans of injury while cutting wood Injured at work? yes

23. SIGNATURE

P. W. Burr Deputy Head

M. D. or other

Address... Frederick, Md. Date signed 4/16/46

11111

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

APR 18 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 320

CERTIFICATE OF DEATH

03743

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 64 days
 Hospital, institution, or street address where death occurred:
Frederick C. Hospital

How long in hospital or institution? 64 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Carroll
 City or town near Winfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RD. 5 Westminster
 (If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (a) FULL NAME

Mr. Howard Baker

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Elsie Stella Baker
deceased 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) August 15, 1880

8. AGE: Years 65 Months 8 Days 10 If less than one day..... hrs. min.

9. Birthplace Carroll Co. Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name John Baker

13. Birthplace Maryland

14. Maiden name Ester Ernst

15. Birthplace Maryland

16. Informant Mrs. David H. Will

Address Westminster - Md

17. Burial Date thereof 4-28-46
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory St. James

Location Dennings, Carroll Co. Md.

18. Funeral director E. M. Waltz

Address Winfield, Md.

19. 27-April 1946 Elizabeth B. Hask
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25- 1946 at 2:10 p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 21/25 1946 to April 24/46 1946 and that I last saw him alive on April 23/46 1946

Immediate cause of death Thrombosis
Myocardial infarction + arterio
Sclerotic heart disease

DURATION 8 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE A. Austin Pearson M.D.

M. D. or other Frederick Md

Address..... Date signed 4/25/46

RECEIVED

APR 30 1946

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on ~~Evidence for change of age~~ is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

0374441
Reg. Dist. No.

FILM No. I O 4 MAY 13 1946

1. PLACE OF DEATH:

County Baltimore

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

719 East 10 St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 719 East 10 St
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME

William Columbus Barger

3. (b) Social Security Number

no

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Lerna

7. Birth date of deceased (mo., day, yr.) Nov. 17 - 1898 1898

6.(c) If alive, give age _____ years

8. AGE: Years 77 Months 5 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Br & RR Retired

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant Beatrice Barger

Address Baltimore Md.

17. Burial Date thereof May 2, 1946
(Burial, cremation, or removal) Which (month) (day) (year)

Cemetery or crematory Park Heights

Location Baltimore Md.

18. Funeral director C. H. Fetter Bros

Address Baltimore Md

19. May 2 19 46 Kathryn H. Brown
(Date rec'd by registrar) (Deputy Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 19 46, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 29 19 46 to April 30 19 46
and that I last saw him alive on April 29 19 46

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work?

23. SIGNATURE William Columbus Barger

M. D. or other

Address Baltimore Md Date signed May 1-46

RECEIVED
MAY 3 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1862

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

7 West Sixth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 7 West Sixth Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

HARRY BARNES

3. (b) Social Security Number

217-10-9951

4. Sex <u>M</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 2, 1909

6. (c) If alive, give age years

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>2</u>	<u>26</u>hrs.min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Laborer11. Industry or business Shank & Etzler Lime Co.12. Name George Barnes13. Birthplace Frederick County Maryland14. Maiden name Clara Smith15. Birthplace Frederick County Maryland16. Informant Mrs. Clara S. BarnesAddress 7 W. 6th St., Frederick, Md.17. Burial Date thereof 4/30/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 29 April 1946 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28th, 1946 About 2:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw him DEAD April 28th, 1946Immediate cause of death Fracture of skull DURATIONSubdural hemorrhage 1 hr.?

Dua to.....

Dua to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results Fracture of skull & subdural hemorrhage

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of 4-28-46Where did injury occur? Frederick, Frederick Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home back alleyMeans of injury fall Injured at work? no

Deputy Medical Examiner

23. SIGNATURE RobertAddress Frederick, Maryland Date signed 4-29-46

M. D. or other

RECEIVED

APR 30 1946 -

BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

03746

Reg. Diat. No. 139

1. PLACE OF DEATH:

County... Frederick
 City or town... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 10/13/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 10/13/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Funkstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2. (a) If veteran, name war... ☒

3. (a) FULL NAME

John P. Barnes

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of deceased Jane C. Barnes 6. (c) If alive, give age 24 years
 7. Birth date of deceased (mo., day, yr.) June 29, 1922
 8. AGE: Years 23 Months 9 Days 7 If less than one day
 hrs. min.

B. Birthplace... Funkstown, Md.
 (Town, county, and state)
 10. Usual occupation... Aircraft worker
 11. Industry or business

FATHER 12. Name... Archibald E. Barnes
 13. Birthplace... Snow Hill, Md.
 MOTHER 14. Maiden name... Noane Wilson
 15. Birthplace... Bakersville, Md.

18. Informant... Jane C. Barnes (Wife)
 Address... 836 S. Potomac St., Hagerstown, Md.

17. Burial Date thereof... April 8, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium... Funkstown Cem.
 Location... Funkstown, Md.

18. Funeral director... Andrew K. Coffman
 Address... Hagerstown, Maryland

19. 4/5/46 19. [Signature]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 19 46, at 2:35 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 13 19 45, to April 5 19 46
 and that I last saw him alive on April 5 19 46

Immediate cause of death... Pulmonary Tuberculosis DURATION 11 Mos.

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE R. G. Beebe

M. D. [Signature]

Address... State Sanatorium, Md. Date signed 4/6/46

RECEIVED

APR 9 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

03747

Reg. Dist. No. 132

1. PLACE OF DEATH:

County... Frederick
 City or town... Reno (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 52 years
 Hospital, institution, or street address where death occurred:
Middleton Md. R.I.
 How long in hospital or institution?... at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Reno (If outside city or town limits, write RURAL and give nearest town)
 Street No... Middleton Md. R.I. (If rural, give LOCATION)
 2.(d) If veteran, name war... None

3. (a) FULL NAME

Anna Mary Sophia Beachley

3. (b) Social Security Number

None

4. Sex... Female 5. Color or race... White 6.(a) Single, married, widowed, or divorced... married

6.(b) Name of husband or wife... William W. Beachley
 6.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)... February - 6 - 1872

8. AGE: Years... 74 Months... 2 Days... 18 If less than one day... h's. min.

9. Birthplace... near Boonsboro Wash. Co. Md. (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business... Own Home

12. Name... John Cronise

13. Birthplace... Wash. Co. Md.

14. Maiden name... Sarah Neff

15. Birthplace... Wash. Co. Md.

16. Informant... Olin Beachley

Address... Middleton Md. R.I.

17. Burial (Burial, cremation, or removal. Which?) Date thereof... April 27, 1946 (month) (day) (year)

Cemetery or crematory... Boonsboro Cemetery

Location... Boonsboro Md.

18. Funeral director... Wm. J. East & Sons

Address... Boonsboro Md.

19. Apr 26 46 (Date rec'd by registrar) Registrar... Marie Gladhill

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 24 19 46 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 19 44 to April 24 19 46

and that I last saw him alive on April 21 19 46

Immediate cause of death... Gangrene of Left Leg

DURATION... 6 weeks

Due to... Acute Malnutrition

Due to... 1 yr. 9 mos.

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... John H. Baker M.D.

Address... Boonsboro Md. M. D. or other

Date signed... 4/24/46

APR 27 1945
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 8/31/45**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 8/31/45**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County.....
 City or town **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **623 N. Curley St.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME **Virginia H. Bendall**
 3.(b) Social Security Number **213-20-9233**

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Single**
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) **January 7, 1925**
 8. AGE: Years **21** Months **3** Days **6** It less than one day..... hrs. min.

9. Birthplace **Baltimore, Md.**
 (Town, county, and state)
 10. Usual occupation **Telephone operator**
 11. Industry or business.....
 12. Name **Harry L. Bendall**
 13. Birthplace **Richmond, Va.**
 14. Maiden name **Marie Polacek**
 15. Birthplace **Czechoslovakia**

16. Informant **Mrs. Marie Bendall (Mother)**
 Address **623 N. Curley St., Balto., Md.**
 17. **unknown Burial** **Apr. 13, 1946** **unknown**
 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
 Cemetery or crematory **unknown Parkwood Cem.**
 Location **unknown Baltimore, Md.**
 18. Funeral director **M. L. Creager & Son**
 Address **Thumont, Md.**

19. **4/13/46** 19.....
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **April 13** 19 **46** at **10 P.** M.
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **August 31** 19 **45** to **April 13** 19 **46**
 and that I last saw her alive on **April 13** 19 **46**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **14 Mos.**

~~XXXX~~ **Intestinal Tuberculosis** **5 Mos.**

Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **R. G. B...** M. D. ~~XXXX~~
 Address **State Sanatorium, Md.** Date signed **4/15/46**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03748

RECEIVED

APR 16 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03749

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 4/8/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 4/8/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 441 Furrow St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William John Bothoff

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife XXXX Minnie M. Bothoff
 6.(c) If alive, give age 52 years
 7. Birth date of deceased (mo., day, yr.) January 20, 1890
 8. AGE: Years 56 Months 2 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)
 10. Usual occupation City Highway laborer
 11. Industry or business _____

FATHER 12. Name George Bothoff
 13. Birthplace ?
 MOTHER 14. Maiden name Margaret ?
 15. Birthplace ?

16. Informant Minnie M. Bothoff (Wife)
 Address 441 Furrow St., Balto., Md.
 17. Under Burial Date thereof April 18/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory New Cathedral
 Location Highway Baltimore, Md.
 18. Funeral director M.L. Creager & Son
 Address Thurmont, Md.
 19. 4/15 19 46
 (Date rec'd by registrar) Registrar W. H. H.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 19 46 at 7:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 19 46, to April 15 19 46
 and that I last saw him alive on April 15 19 46

Immediate cause of death Pulmonary Tuberculosis
 DURATION 12 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. W. Breen M. D. XXXXAddress State Sanatorium, Md. Date signed 4/15/46

RECEIVED

APR 16 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

03750

Reg. Dist. No. 81

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick
 City or town Union Bridge Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Union Bridge Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route 1
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Ezra Buffington

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Mary Elizabeth Buffington

7. Birth date of deceased (mo., day, yr.) December 27 1859 6.(c) If alive, give age _____ years

8. AGE: Years 86 Months 3 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co Maryland
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Retired12. Name Alexander Buffington13. Birthplace Maryland14. Maiden name Henrietta Garver15. Birthplace Maryland16. Informant Mrs Mary WachterAddress Union Bridge Md Route 1

17. Burial Date thereof April 25-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain View CemeteryLocation Union Bridge Maryland18. Funeral director D.D.Hartzler & SonsAddress Union Bridge & New Windsor Md

19. April 25 19 46 H. H. Hartzler
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1946 at 6.35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 1 1946 to Apr 23 1946and that I last saw him alive on Apr 22 1946

Immediate cause of death _____ DURATION _____

Arterio Sclerosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. H. Hartzler M. D. or other _____Address Union Bridge Date signed 4-23-46

03720

RECEIVED
MAY 11 1946
BUREAU V.R.

Chapman

ARTIST AND WRITER

DRAG CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03751

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 4/1/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 4/1/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 300 W. Lanvale St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Oscar Burnside

3. (b) Social Security Number

234-20-7902

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of deceased and wife Juanita Burnside6. (c) If alive, give age 24 years

7. Birth date of

deceased (mo., day, yr.)

2/17/1923

8. AGE:

Years
23Months
1Days
21

If less than one day

.....hrs.min.

9. Birthplace

West Virginia

(Town, county, and state)

10. Usual occupation

Shipyard worker

11. Industry or business

FATHER
MOTHER12. Name Thomas Burnside13. Birthplace West Virginia14. Maiden name Cora Boggs15. Birthplace West Virginia

16. Informant

Juanita Burnside (wife)

Address 300 W. Lanvale St., Balto., Md.

17. Burial

Date interred

April 11, 1946

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Unknown

Location

Neha Clay, known W. Va.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19.

(Date rec'd by registrar)

April 8, 1946

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1946, at 1:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1946, to April 7, 1946
and that I last saw him alive on April 7, 1946

Immediate cause of death

Pulmonary Tuberculosis

DURATION

8 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. G. Bacci

M. D. OF STATE

Address State Sanatorium, Md. Date signed 4/8/46

12576

UNITED STATES DEPARTMENT OF HEALTH

Public Health Service

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

AGE

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

PERIOD OF ILLNESS

DATE OF ONSET

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

RECEIVED
APR 10 1946
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19-6

CERTIFICATE OF DEATH

03752

139

Reg. Dist. No.

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 4/1/46**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 4/1/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County.....
 City or town..... **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **16 N. Washington St.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ☒

3. (a) FULL NAME
James T. Carroll

3. (b) Social Security Number
219-10-2573

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Widower**
 6. (b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) **March 4, 1886** 6. (c) If alive, give age..... years
 8. AGE: Years **60** Months **1** Days **11** If less than one day..... hrs. min.

9. Birthplace..... **Baltimore, Maryland**
 (Town, county, and state)
 10. Usual occupation..... **Salesman**
 11. Industry or business.....
 12. Name..... **John Carroll**
 13. Birthplace..... **Ireland**
 14. Maiden name..... **Amilie Knorr**
 15. Birthplace..... **Bremen, Germany**
 16. Informant..... **Deceased**

Address.....
 17. **Burial** Date thereof **Apr. 18, 1946**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... **Unknown Greenmount Cem.**
 Location..... **Unknown Baltimore, Md.**
 18. Funeral director..... **M. L. Creager & Son**
 Address..... **Thurmont, Maryland**
 19. **4/15/46** 19..... **DR**
 (Date req'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **April 15** 19 **46** at **3:30A** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **April 1** 19 **46** to **April 15** 19 **46**
 and that I last saw h..... im..... alive on **April 15** 19 **46**

Immediate cause of death..... **Pulmonary Tuberculosis** DURATION **8 year**

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... **R. L. Bacon** M. D. **DR**
 Address..... **State Sanatorium, Md.** Date signed **4/15/46**

RECEIVED

APR 16 1946

BUREAU 8

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

St.

Ward.

(Usual place of abode)

Registration Dist. No.

No.

St.

Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

Months

Days

If LESS than
1 day, ----- hrs.
or ----- min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

19. 46

Eugene H. Bush

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month)

(Day)

1924

22.

I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

death is said

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Date of onset

Other Contributory Causes of Importance:

Premature 7 1/2 mo

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Physician's Signature

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 24 hrs.

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WashingtonCity or town D.C.
(If outside city or town limits, write RURAL and give nearest town)Street No. 4115 Wisconsin Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war none ✓

3. (a) FULL NAME

Joseph Collins

3. (b) Social Security Number

none

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

None

7. Birth date of

deceased (mo., day, yr.)

April - 27 - 46

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

24 hours

.....hrs.min.

9. Birthplace

Frederick, Md.
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

12. Name

Edwin Collins

13. Birthplace

N.Y.

14. Maiden name

Eleanor Hayes

15. Birthplace

N.Y.

16. Informant

Eleanor Collins

Address

Point of Rocks, Md.

17. Burial

(Burial, cremation or other method)

Date thereof

April - 29 - 46
(month) (day) (year)

Cemetery or crematory

St Joseph's

Location

Buckeystown, Md.

18. Funeral director

William B. Hillen

Address

Barnesville, Md.19. 28 April 19 46
(Date rec'd by registrar)Elizabeth B. Hecker
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 27 - 1946 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 26 - 1946 to April 27 - 1946

and that I last saw him alive on

April 27 - 1946

Immediate cause of death

DURATION

Premature birth (6 1/2 months)
(Spontaneous)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Byron D. White, M.D.

M. D. or other

Address

Rockville, Md.Date signed 4/27/46

RECEIVED
MAY 1 1946
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03755

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town mix any
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Harry W. Cook

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Jan. 12, 1946

8. AGE:

Years

Months

Days

If less than one day

310

hrs.

min.

9. Birthplace

Carroll Co Maryland
(Town, county, and state)

10. Usual occupation

None

11. Industry or business _____

FATHER

12. Name

George Cook

13. Birthplace

Pennsylvania

MOTHER

14. Maiden name

Helen J. Johnson

15. Birthplace

Maryland

16. Informant

Geo. E. Cook

Address

mix any Md

17.

(Burial, cremation, or removal, when?)

Date thereof

4-24-46
(month) (day) (year)

Cemetery or crematory

mix Zion

Location

near mix any Md

18. Funeral director

G. M. Wertz

Address

Winfield Md

19.

Date rec'd by registrar

23 April 1946Elizabeth H. Heik

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1946 at 10:00 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 22, 1946 to April 22, 1946and that I last saw him alive on April 22, 1946Immediate cause of death Bilateral bronchopneumonia DURATION 3 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

James P. Kerr M.D.
M. D. or other _____
Address Beltsville, Md. Date signed 4/23/46

RECEIVED
APR 25 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, with UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

03756

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 weeks
 Hospital, institution, or street address, where death occurred:
Frederick City Hospital
 How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Frederick
 City or town Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war none

3. (a) FULL NAME

Minnie Hedges Cramer
 4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

3. (b) Social Security Number

None6. (b) Name of husband or wife David Cramer

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1861
 8. (c) If alive, give age _____ years

8. AGE: Years 84 Months 5 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Daniel Hedges
 13. Birthplace Frederick Co.
 14. Maiden name Catherine Perillous
 15. Birthplace Frederick Co.

16. Informant Miss Nina CramerAddress Walkersville

17. Burial Date thereof April 27, 1946
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mt. Olivet
Frederick, Md.
 Location

18. Funeral director G. C. Barton
 Address Walkersville

19. 26 April 19 46 Elizabeth
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 27 19 46 at 3:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 4 19 46 to Apr 27 19 46
 and that I last saw him alive on Apr 23 19 46

Immediate cause of death

Hypertensive Cardiovascular
Renal disease

DURATION

Due to

Due to Accidental fall, scatter rug slipped,
throwing patient overboard

Other conditions From two years

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of April 27, 1946

Where did injury occur? Walkersville, Frederick Co., Maryland
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) At homeMeans of injury Accidental fall Injured at work?

23. SIGNATURE

Post today
 Address Walkersville, Md Date signed Apr 26, 46
 M. D. or other

RECEIVED

CERTIFICATE OF DEATH

RECEIVED

APR 27 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 ★ 03757
 Reg. Dist. No. 131

1. PLACE OF DEATH: County... <u>Frederick</u> City or town... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... <u>Lifetime</u> Hospital, institution, or street address where death occurred: <u>Home For the Aged</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Frederick</u> City or town... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>115 Record Street</u> (If rural, give LOCATION) <u>None</u> 2. (a) If veteran, name war.....			
3. (a) FULL NAME <u>Martha J. E. Crouse</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>F</u>		5. Color or race <u>W</u>		6. (a) Single, married, widowed, or divorced <u>Widowed</u>			
6. (b) Name of husband or wife <u>Wm. Crouse</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>6-3-1861</u>				8. AGE: Years <u>84</u> Months <u>10</u> Days <u>17</u> If less than one day hrs. min.			
9. Birthplace <u>Frederick Co., Md.</u> (Town, county, and state)				10. Usual occupation <u>None</u>			
11. Industry or business <u>None</u>				12. Name <u>Even Agle</u>			
13. Birthplace <u>Frederick Co., Md.</u>				14. Maiden name <u>Amanda ? Agle</u>			
15. Birthplace <u>Frederick Co., Md.</u>				16. Informant <u>Home For the Aged -</u> Address <u>Frederick - Maryland</u> <u>Burial</u>			
17. (Burial, cremation, or removal. Which?) Date thereof <u>4-23-46</u> (month) (day) (year) Cemetery or crematory <u>St. Hope Cemetery</u> Location <u>Hoodsboro - Md.</u>				18. Funeral director <u>C. E. Cliver & Son</u> Address <u>Frederick - Md.</u>			
19. (Date rec'd by registrar) <u>22 April 1946</u>				Registrar <u>Elizabeth H. Hark</u>			

MEDICAL CERTIFICATION	
20. DATE OF DEATH <u>April 20th,</u> 19 <u>46</u> , at <u>1:30 P. M.</u>	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>February 1st,</u> 19 <u>46</u> , to <u>April 20,</u> 19 <u>46</u> and that I last saw her alive on <u>April 20th,</u> 19 <u>46</u>
Immediate cause of death <u>Angina pectoris</u> <u>Cardiovascular renal disease</u> Due to <u>General senile degeneration</u>	DURATION <u>?</u> <u>?</u>
Due to <u>Advanced age.</u>	
Other conditions <u>Double glaucoma with enucleation. Totally blind for a number of years.</u> (Include pregnancy within 8 months of death)	
Major findings of operations Date of op.	
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Means of injury injured at work?	
23. SIGNATURE <u>C. H. Conley, M.D.</u> Address <u>Frederick, Md.</u> Date signed <u>4/22/46</u>	

RECEIVED

APR 23 1946

BUREAU V A

Mr. C. H. Conley, Jr.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

14 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

LUTHER BOWERS CULLER

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 10, 1865

8. AGE:	Years	Months	Days	It less than one day
	<u>81</u>	<u>0</u>	<u>28</u>hrs.min.

9. Birthplace Jefferson-Frederick-Maryland
(Town, county, and state)10. Usual occupation Janitor11. Industry or business Public School12. Name David Culler13. Birthplace Frederick County Maryland14. Maiden name Margaret Slifer15. Birthplace Frederick County Maryland16. Informant Family Records

Address

17. Burial Date thereof 4/10/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reformed CemeteryLocation Jefferson, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 10 April 19 46 Eligible G Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th, 1946 at 6:25AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 7, 1946 to April 8, 1946and that I last saw him alive on April 7, 1946

Immediate cause of death

Paranoid Delusion

DURATION

24 hrs

Due to

Paranoid Delusion2 yrs

Due to

Smoking

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Q. R. Price M. D.

M. D. or other

Address Jefferson, Maryland Date signed 4-9-46

RECEIVED

APR 11 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

03759

CERTIFICATE OF DEATH

Reg. Diat. No. 140

1. PLACE OF DEATH:

County FrederickCity or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2(a) If veteran, name war —

3. (a) FULL NAME

Phoda Amelia Herr

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married8. (b) Name of husband or wife Morris M. Herr5. (c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) Sept. 17, 18798. AGE: Years 66 Months 7 Days 0 If less than one day — hrs. — min.9. Birthplace Creagers town, Md.
(Town, county, and state)10. Usual occupation House wife11. Industry or business Own Home12. Name Edward E. Sprise13. Birthplace Frederick Co. Md.14. Maiden name America Hankley15. Birthplace Frederick Co. Md.16. Informant Morris M. HerrAddress Woodsboro, Md.17. Burial Date thereof Apr. 20, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory UticaLocation near Gettysburg, Md.18. Funeral director Buell & HartzlerAddress Woodsboro, Md.19. 4/19 1946 L. C. Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 17 1946 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 15 1946 to Apr. 17 1946and that I last saw him alive on Apr. 16 1946Immediate cause of death Coronary thrombosis

DURATION

Due to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE C. E. EasterdayAddress Bochesville, Md. Date signed Apr. 18, 46

M. D. or other

RECEIVED

APR 26 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 782

03760

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Woodstock (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Anna Catherine Smith

7. Birth date of deceased (mo., day, yr.)

June 8, 1857

8. AGE:

Years

Months

Days

If less than one day

88106

hrs.

min.

9. Birthplace

Graceham, Fredk Co. Maryland

10. Usual occupation

Butcher

11. Industry or business

12. Name

Paul Dorsey

13. Birthplace

Frederick, Md.

14. Maiden name

Patricia Kospilhoris

15. Birthplace

Frederick, Md.

16. Informant

Virginia Leticia

Address

Emergency Hosp - Frederick, Md.

17. (Burial, cremation, or removal, which?)

Burial

Date thereof

Apr. 17, 1946

Cemetery or crematory

Wt. Hope

Location

Woodstock, Md.

16. Funeral director

Burke & Hartzler

Address

Woodstock, Md.

19. (Date rec'd by registrar)

15 April 1946

Registrar

Elizabeth H. Heck

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1946 at 11:38 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1st - 1946 to April 14, 1946and that I last saw him alive on April 13, 1946

Immediate cause of death

Chronic myocarditis

DURATION

3 yrs +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Frederick, Md.Date signed 4/24/46

00330

RECEIVED

RECEIVED
APR 17 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

03761

139

Reg. Dist. No.

1. PLACE OF DEATH:

County... Frederick
 City or town... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/15/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/15/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County...
 City or town... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 133 S. Spring St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Floyd Dubchuk

3. (b) Social Security Number

218-10-2114

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

8.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) April 29, 1887 6.(c) If alive, give age..... years

8. AGE: Years 59 Months 0 Days 0 If less than one day
hrs.min.

9. Birthplace... Russia
 (Town, county, and state)

10. Usual occupation... Ship worker

11. Industry or business.....

12. Name... Steve Dubchuk13. Birthplace... Russia14. Maiden name... Victoria Bura15. Birthplace... Russia16. Informant... Deceased

Address.....

17. Date thereof... May 2, 1946
 (month) (day) (year)

(Burial, cremation, or removal. Which?)
Delivered to: University of Maryland

~~XXXX~~ Anatomical Board18. Funeral director... M. L. Creager & SonAddress... Thurmont, Maryland

19. April 29 19 46
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 29 19 46, at 6:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 15 19 45 to April 29 19 46

and that I last saw him alive on April 29 19 46

Immediate cause of death...
Cerebral Hemorrhage

DURATION

1 Mo.

~~XXXX~~ Pulmonary Tuberculosis 12 Mos.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE... R. B. BaconM. D. ~~XXXX~~

Address... State Sanatorium, Md. Date signed 4/30/46

RECEIVED
MAY 1 1944
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

03762

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Frederick City Hospital

How long in hospital or institution? 13 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 410 South College Parkway
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

HARRY LUCIAN EBERT

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

8. (b) Name of husband or wife Mary Blanche Dertzbaugh

8. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) October 5, 1880

8. AGE: Years 65 Months 6 Days 20 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation President

11. Industry or business Ebert Ice Cream Company

12. Name John W. Ebert

13. Birthplace Frederick County Maryland

14. Maiden name Emma Staley

15. Birthplace Frederick County Maryland

18. Informant Mrs. Mary D. Ebert

Address 410 S. College Parkway, Fred'k, Md

17. Burial Date thereof 4/27/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 26 April 1946 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th, 1946 at 1:06 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1946 to April 25 1946 and that I last saw him alive on April 25 1946

Immediate cause of death Acute Cardiac dilatation with pulmonary effusion

Due to Coronary arteriosclerosis

Due to hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Thomas M. D.

Address Frederick, Maryland Date signed 4-26-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

84750

RECEIVED

APR 27 1946

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 952

03763

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 56 yrs.
 Hospital, institution, or street address where death occurred:
 Emergency Hospital
 How long in hospital or institution? 8 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 623 Park Place
 (If rural, give LOCATION)
 2. (a) If veteran, name war... None

3. (a) FULL NAME

JENNIE VIRGINIA FOGLE

3. (b) Social Security Number

NONE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Marshall H. Fogle

7. Birth date of deceased (mo., day, yr.) December 13-1869

8. AGE: Years Months Days If less than one day
76 4 0 hrs. min.9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Elias Renner

13. Birthplace Frederick Co. Md.

14. Maiden name Elizabeth Dusing

15. Birthplace Frederick Co. Md.

16. Informant Mrs. Elmer L. Stockman

Address Frederick, Md.

17. Burial Date thereof Apr. 16-1946
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Frederick Memorial Park, Inc.

Location West of Frederick

18. Funeral director C.E. Cline and Son

Address Frederick, Md.

19. 16 April 1946 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th. 1946 at 8:55 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 20 1946 to April 13 1946 and that I last saw him alive on April 13 1946

Immediate cause of death Arterio-sclerotic Cardio-vascular disease DURATION 5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M.D.

Address Frederick, Md. Date signed April 16, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

APR 18 1946

BUREAU U.S.

H. B. A. J. B. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03764

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 years
 Hospital, institution, or street address where death occurred:
133 W. All Saint St
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 133 W. All Saint St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3.(a) FULL NAME

Adell Stanley Fredericks

3.(b) Social Security Number

220-01-0673

4. Sex Female 5. Color or race colored 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Herbert Fredericks
 6.(c) If alive, give age 53 years
 7. Birth date of deceased (mo., day, yr.) June 10, 1895
 8. AGE: Year 50 Months 10 Days 9 If less than one day
hrs. min.

9. Birthplace Frederick Co., Md
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business
 12. Name Bradley Bowie
 13. Birthplace Frederick Co., Md
 14. Maiden name Ely. Chase
 15. Birthplace Frederick Co., Md

16. Informant Herbert Fredericks
 Address Frederick, Md
 17. Burial Burial Date thereof 4/22/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cheney
 Location Centerville, Md
 18. Funeral director Harry E. Canty, Co
 Address Frederick, Md
 19. 21-April 19 46 Elizabeth H. Herb.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 19 46 at 11:20 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1st 19 46 to April 18th 19 46
 and that I last saw him alive on April 18th 19 46
 Immediate cause of death Cerebral Vascular
Chronic Myocarditis
 Due to Chronic Myocarditis
 Due to Chronic Myocarditis
 Other conditions Chronic Myocarditis

DURATION
3 weeks
5 days

(Include pregnancy within 3 months of death)

Major findings of operations Chronic Myocarditis Date of op. April 18th
 Autopsy results Chronic Myocarditis
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Chronic Myocarditis Date of April 18th
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Chronic Myocarditis
 Means of injury Chronic Myocarditis Injured at work?
 23. SIGNATURE H. N. Hedger
Frederick M.D. or other April 18th
 Address Frederick, Md Date signed 1946

RECEIVED

APR 23 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

03765

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 131 East Third Street
(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (a) FULL NAME

GEORGE WILLIAM FREEMAN

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Cora Diller

7. Birth date of

deceased (mo., day, yr.)

August 26, 18826. (c) If alive, give age 60 years

8. AGE:

Years

Months

Days

If less than one day

63712

hrs.

min.

8. Birthplace

Mount Alto, Penna.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

John Freeman

13. Birthplace

Unknown

MOTHER

14. Maiden name

Ida Pogue

15. Birthplace

Unknown

16. Informant

Mrs. Cora D. Freeman

Address

131 E. 3rd St., Frederick, Md.

17.

Burial

Date thereof

4/11/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

9 April
(Date rec'd by registrar)19 46Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th, 1946 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on April 11, 1946

Immediate cause of death

Cornary Thrombosis

DURATION

2 Da

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. J. DisherM. D.

M. D. or other

Address Frederick, Maryland Date signed 4-9-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 10 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14a)

CERTIFICATE OF DEATH

03766

Reg. Dist. No. 134

1. PLACE OF DEATH:

County... Frederick

City or town... Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 years

Hospital, institution, or street address where death occurred:

205 East Main Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No... 205 East Main Street

(If rural, give LOCATION)

2.(a) If veteran, name war... No

3. (a) FULL NAME

Ann Carroll Gelwicks

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife... Cornelius Gelwicks

5.(c) If alive, give age... years

7. Birth date of

deceased (mo., day, yr.)

December 16, 1963

8. AGE:

Years

Months

Days

If less than one day

22

4

2

hrs.

min.

9. Birthplace... Frederick County, Maryland

(Town, county, and state)

10. Usual occupation...

Housekeeper

11. Industry or business

FATHER

12. Name... James A. Elder

13. Birthplace... Frederick County, Maryland

MOTHER

14. Maiden name... Frances Tyson

15. Birthplace... Frederick County, Maryland

16. Informant... Mrs. Joseph W. Wisell

Address... Emmitsburg, Md.

17. Burial... Date thereof... April 19, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory... St. Joseph's Cemetery

Location... Emmitsburg, Maryland

18. Funeral director... S. L. Allison

Address... Emmitsburg, Maryland

19. April 19, 1946

(Date rec'd by registrar)

M. F. Shuff

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 19, 1946... 19... at... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1935

19...

to

April 18

1946

and that I last saw him alive on

April 18

1946

Immediate cause of death...

Coronary occlusion

DURATION

1/2 hour

Due to... Hypertension

and

Arteriosclerosis - several years

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? ... (City or town) ... (County) ... (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE...

W.R. Cagle M.D.

M. D. or other

Address... Emmitsburg Date signed 4-18-46

RECEIVED
APR 24 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH-

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 min.
 Hospital, institution, or street address where death occurred: Morguey Hospital
 How long in hospital or institution? 10 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 24 A West Ol Saints
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

Henry Richard Gennis

3. (b) Social Security Number

None4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 31, 1945 8. (c) If alive, give age 18 years8. AGE: Years 0 Months 8 Days 18 If less than one day hrs. min.9. Birthplace Frederick Health Co., Maryland
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name Henry Gennis13. Birthplace Montgomery Co., Maryland14. Maiden name Regina Virginia Boone15. Birthplace Frederick Health Co., Maryland16. Informant Regina LeticiaAddress Morguey Hosp. Frederick, Md.17. Burial 4/22/46
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematorium Ebenezer Methodist CemeteryLocation Centerville-Ijamsville, Md. R. D.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 20 April 19 46 Elizabeth G. Heck
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1946 at 4:10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18, 1946 to April 19, 1946 and that I last saw him alive on April 19, 1946Immediate cause of death Membranous OropharynxDURATION 5 WaDue to NoneDue to NoneOther conditions None

(Include pregnancy within 8 months of death)

Major findings of operations None Date of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) NoneMeans of injury None Injured at work? None23. SIGNATURE H. J. Fisher M. D.Address Frederick, Maryland Date signed 4-20-46

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

APR 23 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

03768

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick- Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Montevue
 How long in hospital or institution? 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick- Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1 mile West of Frederick
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES WILLIAM GEPHART

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 B. (b) Name of husband or wife.....
 B. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) November 7-1854
 8. AGE: Years 91 Months 5 Days 6 If less than one day
 hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Tinner
 11. Industry or business
 12. Name Solomon A. Gephart
 13. Birthplace Frederick Co. Md.
 14. Maiden name Louisa V. Rice
 15. Birthplace Frederick Co. Md.

16. Informant Records Montevue Hospital
 Address 1 mile West of Frederick, Md.
 17. Burial Date thereof April 17, 1946
 (Burial, cremation, or removal-which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Md.
 18. Funeral director C.E. Cline and Son
 Address Frederick, Maryland

19. 16 April 1946 Elizabeth G. Hecks
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th. 1946, at 6:30p. AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 1 1946 to April 13 1946
 and that I last saw him alive on April 13 1946

Immediate cause of death Terminal Broncho-pneumonia DURATION 3 days

Due to Atherosclerosis Advanced 10 years
General debility

Due to.....
 Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Bernard Thomas Jr. M.D.
Frederick, Md. M. D. or other
 Address Frederick, Md. Date signed April 16, 1946

RECEIVED

APR 18 1946

BUREAU V.S.

100-100000-100000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 64

CERTIFICATE OF DEATH

03769

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Petersville Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. Petersville Rd.
(If rural, give LOCATION)

2.(c) If veteran, name war

3. (a) FULL NAME

Sandra Lee Gilbert

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Mar 30 1946
8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

——19

hrs.

min.

9. Birthplace

MD.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Richard Gilbert

13. Birthplace

Virginia

14. Maiden name

Luelle Brooks

15. Birthplace

Virginia

16. Informant

Lucille Gilbert

Address

Brunswick MD

17. Burial

(Burial, cremation, or removal? Which?)

Date thereof

April 22 1946
(month) (day) (year)

Cemetery or crematory

Colonial M. C.

Location

Petersville Md.

18. Funeral director

E. H. Fultz & Bro

Address

Brunswick Md.April 21 19 46
(Date rec'd by registrar)Eugenia H. Burke
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 19 46 at 9:35A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ to _____ 19 _____
and that I last saw him dead on April 20 19 46

Immediate cause of death

Status thymico-lymphaticus

DURATION

3 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE

Bernard Thomas J. M.D.
Asst. Deputy Medical Examiner M. D. or otherAddress Fredricks, Md. Date signed April 20 1946

RECEIVED
APR 25 1946
BUREAU V. A.

Mon

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

★ 037701 31
Reg. Dist. No.

1. PLACE OF DEATH:

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency HospitalHow long in hospital or institution? 3 yr. 6 mo.

3. (a) FULL NAME

Georgia Catherine Graham

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 15, 1850

8. AGE:

Years

95

Months

9

Days

2

If less than one day

hrs.

min

9. Birthplace

Fredrick County, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

George R. Graham

13. Birthplace

Maryland

14. Maiden name

Catherine Zimmerman

15. Birthplace

Prussia, Prussia

16. Informant

Address

Virginia H. H. H.
Emergency Hosp. Fredrick, Md.

17.

(Burial, cremation, or removal. When?)

Date thereof

Apr. 17, 1946
(month) (day) (year)

Cemetery or other

Lutheran Burial Ground

Location

Frederick, Md.

18. Funeral director

Address

W. J. Williams
Frederick, Md.19. 18 April 19 46
(Date rec'd by registrar)Elizabeth G. Hecht
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Fredrick

City or town

Woodstock
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 17, 194619 46 at 17 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1, 1946 to April 17, 1946
and that I last saw him alive on April 17, 1946

Immediate cause of death

Terminal Broncho-pneumonia

DURATION

1 week

Due to

Arterio-sclerosis, advanced10 years

Due to

Other conditions

Hemiplegia3 yearsFracture neck of femur, left2 years
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas J. H.

M. D. or other

Address

Frederick, Md.Date signed April 18, 1946

RECEIVED
APR 23 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03771

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 4/1/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 4/1/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1407 N. Washington St.
(If rural, give LOCATION) ✓
2.(a) If veteran, name war _____

3.(a) FULL NAME

Henry Grauling

3.(b) Social Security Number

217-03-0764

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

8.(b) Name of wife Irene Grauling
6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1890

8. AGE: Years 55 Months 4 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Elevator operator

11. Industry or business _____

12. Name William J. Grauling

13. Birthplace Baltimore, Maryland

14. Maiden name Henrietta Bausch

15. Birthplace Baltimore, Maryland

16. Informant Deceased

Address Baltimore

17. Burial Date thereof 4/24/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baltimore Cem.

Location Baltimore, Md.

18. Funeral director W. L. Breager & Son

Address Thymont, Md.

19. 4/20/46 _____
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 19 46 at 12:20 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 19 46 to April 20 19 46
and that I last saw him alive on April 20 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION 88 mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE R. W. Balleis M. D. John

Address State Sanatorium, Md. Date signed 4/20/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 23 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-6

CERTIFICATE OF DEATH

03772

Reg. Diat. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Lewistown - rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in place of death? 50 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Lewistown-rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. No
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Sarah Ann Hahn

3. (b) Social Security Number

None.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife

George W. Hahn

7. Birth date of deceased (mo., day, yr.)

February 14, 1870

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

76

I

21

hrs.

min.

9. Birthplace Mountairdale, Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

Daniel Gray

13. Birthplace

Lewistown, Md.

MOTHER

14. Maiden name

Elizabeth Gray

15. Birthplace

Lewistown, Md.

16. Informant

Mrs. Pierce Rice.

Address

Lewistown, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 7, 1946

(month) (day) (year)

Cemetery or crematory

Lewistown Cemetery

Location

Lewistown, Md.

19. Funeral director

M. L. Creager & Son

Address

Thurmont, Md.

19. April 6

(Date rec'd by registrar)

19. 46

Blanche S. Eyles

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1946 at 9:20A:M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 1 - 1945 to Apr. 4 - 1946
 and that I last saw him Apr. 4 - 1946

Immediate cause of death

Cerebral thrombosis

DURATION

5 days

Due to

Cerebral Arteriosclerosis2 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James Gray

M. D. or other

Address

Thurmont Md. Date signed 4/6/46

RECEIVED

CERTIFICATE OF DEATH

RECEIVED

APR 9 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 2 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 642 Trail Avenue
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME

CARL E. HOLTZ, JR.

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S
6.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 21, 1930
8. AGE: Years 15 Months 4 Days 17 If less than one day
.....hrs.min.

9. Birthplace Nr. Frederick-Frederick-Maryland
(Town, county, and state)
10. Usual occupation Student
11. Industry or business Public School

FATHER 12. Name Carl E. Holtz, Sr.
13. Birthplace Frederick County Maryland
MOTHER 14. Maiden name Kathryn Dutrow
15. Birthplace Frederick County Maryland

16. Informant Carl E. Holtz, Sr.
Address 642 Trail Ave., Frederick, Md.

17. Burial Burial Date thereof 4/21/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Zion Reformed Cemetery

Location Charlesville-Frederick, Md. Rural
18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 20 April 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 18 1946 and that I last saw him live on April 18 1946

Immediate cause of death gun shot wound of head
22 cal. Rem. Rfl.
fracture of brain
DURATION 2 Hours

Due to
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4.18.46

Where did injury occur? Frederick, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury 22 cal rifle Injured at work? no

23. SIGNATURE P.W. Barr Deputy Medical Examiner
M. D. or other

Address Frederick, Md Date signed 4.18.46

RECEIVED

APR 23 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03774

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 YearsHospital, institution, or street address where death occurred:
Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 337 East Third Street
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

WILLIAM CULLER HOWARD

3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) ~~Single~~, married, widowed, or divorced M6. (b) Name of husband or wife Eleanor Hargett6. (c) If alive, give age 75 years7. Birth date of deceased (mo., day, yr.) January 16, 18708. AGE: Years 76 Months 3 Days 19 It less than one day
..... hrs. min.9. Birthplace Nr. Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name William H. Howard13. Birthplace Frederick County Maryland14. Maiden name Ellen Culler15. Birthplace Frederick County Maryland18. Informant Mrs. Eleanor H. HowardAddress 337 E. 3rd St., Frederick, Md.17. Burial Date thereof 4/27/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 26 April 19 46 Elizabeth G. Hecks
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th, 19 46 at 4 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 27th, 19 46 to April 25th 19 46.
and that I last saw him alive on April 25th, 19 46.Immediate cause of death Chronic myocarditis
DURATION since 2/27/46Due to marked arteriosclerosis
with chronic nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. H. Culler M. D.Address Frederick, Maryland Date signed 4-26-46

RECEIVED

APR 27 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03775
Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
County.....
City or town..... **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Since 3/13/46**
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? **Since 3/13/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State **Maryland** County.....
City or town..... **Baltimore**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **1700 W. Fayette St.**
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Alice Elizabeth Hunter

3. (b) Social Security Number
212-09-0530

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
6. (b) Name of husband **William M. Hunter**
6. (c) If alive, give age **52** years
7. Birth date of deceased (mo., day, yr.) **August 19, 1904**
8. AGE: Years **41** Months **7** Days **29** If less than one day
.....hrs.min.

9. Birthplace **Graves Mill, Va.**
(Town, county, and state)
10. Usual occupation **Housewife**
11. Industry or business
12. Name **Harvey Nichol**
13. Birthplace **Virginia**
14. Maiden name **Lola Harris**
15. Birthplace **Virginia**

16. Informant **William M. Hunter (Husband)**
Address **1700 W. Fayette St., Balto., Md.**
17. **Unknown Burial** Date thereof **Apr 19, Unknown 1946**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory **Unknown Loudon Park**
Location **Unknown Baltimore, Md.**
18. Funeral director **M. L. Creager & Son**
Address **Thurmont, Maryland**
19. **4/17/46** 19.....
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **April 17** 19 **46**, at **7:20 A**
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 13 19 **46** to **April 17** 19 **46**
and that I last saw h..... alive on **April 17** 19 **46**

Immediate cause of death.....
Pulmonary Tuberculosis
Tuberculosis of Right Hip
DUE TO.....
Other conditions.....
(Include pregnancy within 3 months of death)

MAJOR FINDINGS OF OPERATIONS.....
Date of op.
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE **R. W. Baccin**
Address **State Sanatorium, Md.** Date signed **4/17/46**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 18 1944

BUREAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 249

CERTIFICATE OF DEATH

03776131
Reg. Dist. No.

1. PLACE OF DEATH: Frederick
County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland Carroll
State..... County.....
City or town..... Winfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. Westminster
(If rural, give LOCATION)
World War 11 ✓
2. (a) If veteran, name war

3. (a) FULL NAME
CHARLES ELMER JENKINS

3. (b) Social Security Number
216-10-8086

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
Catherine L. Jenkins
6. (b) Name of husband or wife
6. (c) If alive, give age 36 years
7. Birth date of deceased (mo., day, yr.) Nov. 5, 1909
8. AGE: Years 36 Months 5 Days 6 If less than one day
hrs. min.

9. Birthplace Carroll Co. Maryland
(Town, county, and state)
Mechanic
10. Usual occupation Body & Fender Works
11. Industry or business Charles S. Jenkins
12. Name Maryland
13. Birthplace Annie M. Kauffman
14. Maiden name Maryland
15. Birthplace

16. Informant Mrs. Catherine L. Jenkins
Address Westminister, Md.
Burial 4-14-46
17. (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)
Bethel Church of God
Cemetery or crematory Winfield, Carroll Co. Md.
Location C. M. Waltz
18. Funeral director Winfield, Md.
Address

19. 12 April 1946 Elizabeth G. Hark Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 11 1946 at 11 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1946 to April 11 1946
and that I last saw him alive on April 11 1946

Immediate cause of death Septicemia Shep. - 2 wks.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. P. Thomas M. D. or other
Address Frederick, Md. Date signed April 11 1946

RECEIVED
APR 15 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 306

CERTIFICATE OF DEATH

03777

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
City or town St Anthony's - rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town St Anthony's, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. W. Emmitsburg
(If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME

Mary Loretta Keepers.

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife George Edward Keepers
6.(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) September 8, 1869

8. AGE: Years 76 Months 6 Days 24 If less than one day hrs. min.

9. Birthplace Emmitsburg, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Housewife

12. Name Ephriam Eckenrode.

13. Birthplace Emmitsburg, Md.

14. Maiden name Elizabeth Elder.

15. Birthplace Emmitsburg, Md.

16. Informant George E. Keepers

Address Emmitsburg, Md.

17. Burial Date thereof April 4, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Anthony's

Location St. Anthony's, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. April 3 1946 M. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1946 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 24 1945, to April 1 1946, and that I last saw him alive on Jan 15 1946.

Immediate cause of death Cardiac Exhaustion DURATION 3 days

Due to Progressive paralysis of the insane 14 year

Due to Chronic Arterial Sclerosis 5 year

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Morris A. Bailey M.D. M. D. or other
Address Thurmont Md Date signed 4/3/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415

RECEIVED

APR 8 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

03778

139

Reg. Dist. No.

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 6/20/45**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 6/20/45**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State... **Maryland** County.....
 City or town... **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **1321 Hillman St.**
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Stewart Law

3. (b) Social Security Number
215-03-8409

4. Sex Male	5. Color or race White	6. (a) Single, married, widowed, or divorced Widower
B. (b) Name of husband or wife.....		
7. Birth date of deceased (mo., day, yr.) January 28, 1888		
8. AGE: Years 58	Months 2	Days 18
If less than one dayhrs.min.		

9. Birthplace... **Ireland**
 (Town, county, and state)
 10. Usual occupation... **Hospital Attendant**
 11. Industry or business.....

FATHER	12. Name... William Law
	13. Birthplace... Ireland
MOTHER	14. Maiden name... Sarah McMillan
	15. Birthplace... Ireland

16. Informant... **Deceased**
 Address.....

17. **Burial** Date thereof... **4/18/46**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery... **Baltimore**
 Location... **Baltimore, Maryland**

18. Funeral director... **M. L. Creager & Son**
 Address... **Thumont, Maryland**

19. **April 15 1946**
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... **April 15 1946** at **10:55P**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 20 1945 to **April 15 1946**
 and that I last saw him alive on **April 15 1946**

Immediate cause of death... **Pulmonary Tuberculosis**
 DURATION **11 Mos.**

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... **P. B. Rabin** M. D. **XXXX**
State Sanatorium, Md. Date signed... **4/16/46**

RECEIVED
APR 17 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Montevue
 How long in hospital or institution? 8 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Braddock Heights, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MAURICE R. LEAMAN

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 23, 1875

8. AGE: Years 70 Months 4 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County, Maryland
 (Town, county, and state)

10. Usual occupation Retired Paper Hanger

11. Industry or business

12. Name Randolph Leaman13. Birthplace Frederick County, Maryland14. Maiden name Henrietta Williams15. Birthplace Montgomery County, Maryland16. Informant Montevue Records

Address _____

17. Burial Date thereof Mary 2, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland

19. 2 May 1946 Elizabeth G. Hack
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946 at 5:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to April 29 1946
 and that I last saw him alive on April 29 1946

Immediate cause of death Coronary thrombosis DURATION 1 hour

Due to _____

Due to _____

Other conditions Pulmonary tuberculosis 5 years
arrested
 (Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas J. M.D. M. D. or other _____

Address Frederick, Md Date signed April 29, 1946

STYCU

CLERK IN CHARGE OF THE CLERK

STATE OF TEXAS

RECEIVED
MAY 3 1946
BUREAU

0.206

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. Wilson Avenue
(If rural, give LOCATION)2(a) If veteran, name war None

3. (a) FULL NAME

M. EFFIE LEASE

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 5, 1869

8. AGE: Years Months Days if less than one day

76 8 20 hrs. min.9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Housekeeper

11. Industry or business

12. Name Robert Lease13. Birthplace Frederick County, Maryland14. Maiden name Mary Sheatenhelm15. Birthplace Frederick County, Maryland16. Informant Mrs. Harvey MillerAddress Wilson Avenue, Frederick, Md.17. Burial Date thereof April 28, 1946
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 27 April 1946 Elizabeth L. Hulse
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 19 46 at 7:25 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 19 46 to April 25 19 46 and that I last saw him alive on April 25 19 46Immediate cause of death Cabot's pneumonia DURATION 2 days

Due to

Due to

Other conditions Malignancy of unknown source
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE W. H. Hulse M. D. or otherAddress Frederick, Md. Date signed Apr 27 46

RECEIVED
APR 30 1946
BUREAU V. R.

W. H. Hines

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1916)

CERTIFICATE OF DEATH

Reg. Dist. No. 03781 131

1. PLACE OF DEATH:

County Frederick
 City or town Rural Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 208 S. Carroll Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Coleman Joseph Lidie - Sr

3. (b) Social Security Number

none

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Sallie Morrison

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20-1859

8. AGE: Years 86 Months 7 Days 17 If less than one day hrs. min.

9. Birthplace Frederick Co. Md.
 (Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business Carriage Works

12. Name Joseph Lidie

13. Birthplace Frederick Co. Md.

14. Maiden name Julia Ann Bitzenberger

15. Birthplace Frederick Co. Md.

16. Informant Coleman J. Lidie - Jr.

Address 208 S. Carroll St. - Frederick Md.

17. Burial Burial Date thereof 4-10-46
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematorium Mount Olivet Cemetery

Location Frederick - Maryland

18. Funeral director C. E. Cline and Son

Address Frederick - Maryland

19. 8 April 19 46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 19 46 at 4:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 19 46 to April 7 19 46

and that I last saw him alive on April 7 19 46

Immediate cause of death Chronic nephritis

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where)?

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M.D.
 Address Frederick, Md. Date signed April 8, 46

RECEIVED

APR 10 1946

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

03782

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 3/18/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 3/18/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Charles
City or town La Plata
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION) ✓
2. (a) If veteran, name war _____

3. (a) FULL NAME

Edwin F. MacLean

3. (b) Social Security Number

577-10-3684

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 28, 1899 B. (c) If alive, give age _____ years

8. AGE: Years 46 Months 5 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace New York City, N.Y.
(Town, county, and state)

10. Usual occupation Stock Clerk

11. Industry or business

12. Name John Edward MacLean

13. Birthplace New York

14. Maiden name Margaret Murphy

15. Birthplace New York

16. Informant Deceased

Address _____

17. Unknown Burial Date thereof April 20, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Unknown Mt. Moriah Cem.

Location Unknown W. Phila., Pa.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. April 17 46 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 19 46 at 3:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18 19 46 to April 17 19 46 and that I last saw him alive on April 17 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION 13 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. L. Breen

M. D. R. L. Breen

Address State Sanatorium, Md. Date signed 4/18/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 20 1946
BUREAU V.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 1 Week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. #1 West Seventh Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (a) FULL NAME

MARGIE MATTIE MAIN

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

B. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1884

8. AGE: Years Months Days If less than one day

6197

..... hrs. min.

9. Birthplace Lewistown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Henry M. Main13. Birthplace Frederick County Maryland14. Maiden name Harriett Gruber15. Birthplace Virginia16. Informant Harry B. MainAddress Springfield, Ohio17. Burial Date thereof 4/25/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Utica CemeteryLocation Near Lewistown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 23 April 19 46 Elizabeth G. Heisk.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd, 19 46, at 6:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 46 to Apr 22 19 46and that I last saw him/her alive on Apr 25 19 46

Immediate cause of death

Cerebral arterythrombosis

DURATION

570

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.Address Frederick, Maryland Date signed 4-23-46

RECEIVED
APR 24 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03784

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County... FrederickCity or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Jennie BELL

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Edward Matson

7. Birth date of deceased (mo., day, yr.)

Jan. 2, 1884

8. AGE:

Years

Months

Days

It less than one day

hrs.

min.

62

3

15

hrs.

min.

B. Birthplace

Augusta, Georgia
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

John F. Stanley

12. Name

Augusta, Georgia

13. Birthplace

Sarah Lee

14. Maiden name

Augusta, Georgia

15. Birthplace

Virginia Liddle

16. Informant

Emergency Hosp. - Frederick Md.

Address

Burial

(Burial, cremation, or removal)

Date thereof

(month) (day) (year)

4/19/46

Cemetery or crematory

Location

Mount Olivet Cemetery

Frederick, Maryland

M. R. Etchison and Son

Frederick, Maryland

Funeral director

Address

18. April 1946

Elizabeth G. Hecks

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. #5

Near Braddock (LOCATION)

2. (a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 17, 1946 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jennie from April 17, 1946 to April 17, 1946and that I last saw her alive on April 16, 1946

Immediate cause of death

Baronella Inguinal

DUE TO

Hands

DUE TO

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. F. Tucker M. D.

Frederick, Maryland

Date signed 4-18-46

RECEIVED

APR 23 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03785

139

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Fred. Md.
 City or town Foxville, Fred. Co. Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 41 yrs.
 Hospital, institution, or street address where death occurred: -
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fred. Co. Md.
 City or town Foxville, Fred. Co. Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Rosemarie M. O'Neil

3. (b) Social Security Number

none

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mrs. Rosa M. O'Neil
 6. (c) If alive, give age 76 years
 7. Birth date of deceased 4-23-1862
 8. AGE: Years 83 Months 9 Days - If less than one day - hrs. - min. -

9. Birthplace Foxville, Fred. Co. Md.
 (Town, county, and state)
 10. Usual occupation Farming
 11. Industry or business -

12. Name John M. O'Neil
 13. Birthplace Foxville, Fred. Co. Md.
 14. Maiden name Servina Lewis
 15. Birthplace Foxville, Fred. Co. Md.

16. Informant Mrs. Rosa M. O'Neil
 Address Smithsburg Md. R.F.D.
 17. Burial Burial Date thereof 4-26-1946
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory St. Barth's
 Location Near Casfield Fred. Co. Md.
 18. Funeral director Geo. B. Hoover
 Address Smithsburg Md.

19. April 24 19 46 (Blanchard S. Eyles) Registrar
 (Date rec'd by registrar) 4-27-46

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 19 46 at 11 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23 19 46 to April 23 19 46
 and that last saw him alive on April 23 19 46
 Immediate cause of death Cerebral Thrombosis DURATION 1 day
Cerebral Arteriosclerosis 2 yrs.
 Due to -
 Due to -
 Other conditions -
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) - (County) - (State)
 Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE James Gray M.D. M. D. or other -
 Address Thermont Md. Date signed Apr. 28-46

RECEIVED
APR 30 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

03786

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 1 Week & 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 240 South Market Street
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME
CHARLOTTE VIRGINIA McCANNER

3. (b) Social Security Number
214-10-1551

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 8, 1900

8. AGE: Years 46 Months 1 Days 24 If less than one day
.....hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Bookkeeper

11. Industry or business J. D. Hendrickson's

12. Name Owen McCanner

13. Birthplace Frederick County Maryland

14. Maiden name Ellen Kline

15. Birthplace Frederick County Maryland

16. Informant Miss Hazel K. McCanner

Address 240 S. Market St., Frederick, Md.

17. Burial Date thereof 4/4/46
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 4 April 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd, 1946 at 1:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 10 19 46 to Apr 2 19 46
and that I last saw her alive on Apr 2 19 46

Immediate cause of death Cancer of Breast

Due to with Metastasis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE EP Thomas M. D.

Address Frederick, Maryland Date signed 4-4-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0450

RECEIVED

RECEIVED

RECEIVED
APR 5 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

03787

Reg. Dist. No. 139

1. PLACE OF DEATH:

County FredrickCity or town Sabillasville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FredrickCity or town Cascade
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Richard McClain

3. (b) Social Security Number

4. Sex male5. Color or race white6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Annie Moser7. Birth date of deceased (mo., day, yr.) June 25 1873
6. (c) If alive, give age _____ years8. AGE: Years 72 Months 9 Days 25
If less than one day _____ hrs. _____ min.9. Birthplace Emmitsburg, Fredrick Co. md
(Town, county, and state)10. Usual occupation Farmer (Retired)

11. Industry or business _____

12. Name J. R. McClain13. Birthplace Fredrick Co. md14. Maiden name Laura E. Hargaman15. Birthplace Fredrick Co. md16. Informant Mrs. Tilman AlexanderAddress Blue Ridge Summit, Pa.17. Burial Date thereof 4/27/46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Bethel CemeteryLocation G. md18. Funeral director Walter J. GureAddress 27 S. Church St. Waynesboro, Pa.19. Apr. 27 19 46 V. F. Cullen
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 19 46 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5-10 19 40 to 4-24 19 46and that I last saw him/her alive on 4-23 19 46Immediate cause of death Chronic myocarditis DURATION _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. C. Brichers

_____ M. D. or other _____

Address Blue Ridge Summit, Pa. Date signed 4/27/46

RECEIVED
APR 26 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1865

CERTIFICATE OF DEATH

03788

131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 21 West Third Street

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

JAMES LEWIS MCKENZIE

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Susan Elizabeth McKenzie

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 28, 1864

8. AGE:

Years

Months

Days

If less than one day

81626

..... hrs.

..... min.

9. Birthplace Frederick County, Maryland

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Daniel McKenzie13. Birthplace Frederick County, Maryland14. Maiden name Susan Conso15. Birthplace Frederick County, Maryland16. Informant Mr. Francis F. McKenzieAddress 21 West Third Street17. Burial Date thereof April 25, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Doubs CemeteryLocation West of Frederick, Maryland19. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 24 April 1946 Elizabeth G. Heck
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1946 at 1:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and 1946 to April 23 1946
and that I last saw him alive on

Immediate cause of death

Fraction of skull
fracture of skull

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4 23 46
1:15 A.M.Where did injury occur? Frederick Frederick Frederick
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Emergency RoomMeans of injury Fall from Injured at work? No
ladder - window Broken ladder ladder

23. SIGNATURE

M. D. or other

Address Frederick, Md Date signed 4 23 46

RECEIVED

APR 25 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-5)

03789

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Davis Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3.(a) FULL NAME

SAMUEL STEPHEN MILLHOUSE

3.(b) Social Security Number

214-10-2919

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced
 6.(b) Name of husband or wife Mary Bittings Millhouse
 6.(c) If alive, give age 40 years
 7. Birth date of deceased (mo., day, yr.) March 7-1904
 8. AGE: Years 42 Months 1 Days 8 If less than one day
 hrs. min.

9. Birthplace Sharon- Pennsylvania
 (Town, county, and state)
 10. Usual occupation Bookkeeper and Salesman
 11. Industry or business Auto Tire Shop
 12. Name Willoughby H. Millhouse
 13. Birthplace Pennsylvania
 14. Maiden name Amelia Frantz
 15. Birthplace Pennsylvania

16. Informant Mrs. Samuel S. Millhouse
 Address Davis Ave.- Frederick, Md.
 17. Burial Date thereof April 18-1946
 (Burial, cremation, or removal; if removal, where) (month) (day) (year)
 Cemetery or place of interment Greenwood Cemetery
 Location Allentown, Pennsylvania
 18. Funeral director C.E.Cline and Son
 Address Frederick, Maryland

19. 16 April 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 1946, at 6:15A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 40 to April 15 1946
 and that I last saw him alive on April 14 1946.

Immediate cause of death Cardio - Vascular - Renal
Disease

Due to
 Due to
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Howard W. Cline M.D.
 Address Frederick Md Date signed 4-16-46

RECEIVED

CERTIFICATE OF MAIL

RECEIVED

APR 18 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County..... **Frederick**
 City or town..... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **Since 1/15/45**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution?..... **Since 1/15/45**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... **Maryland** County..... **Allegheny**
 City or town..... **Frostburg**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **R.F.D. 1**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Nellie R. Moyer

3. (b) Social Security Number

214-14-7545

4. Sex..... **Female** 5. Color or race..... **White** B.(a) Single, married, widowed, or divorced..... **Married**
 6.(b) Name of husband ~~xxx~~ **Thomas F. Moyer**
 6.(c) If alive, give age..... **25** years
 7. Birth date of deceased (mo., day, yr.)..... **April 16, 1921**
 8. AGE: Years..... **25** Months..... **0** Days..... **1** If less than one day..... hrs. min.

9. Birthplace..... **Shaft, Maryland**
 (Town, county, and state)
 10. Usual occupation..... **Factory worker**
 11. Industry or business.....

FATHER 12. Name..... **George W. Wilson**
 13. Birthplace..... **Shaft, Maryland**
 MOTHER 14. Maiden name..... **Pearl Starkey**
 15. Birthplace..... **Eckhart, Maryland**
 16. Informant..... **Deceased**

Address.....
 17. **Unknown Burial** **Apr. 20, Unknown 1946**
 (Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year)
 Cemetery or crematory..... **Unknown Oak Hill Cem.**
 Location..... **Unknown Lonaconing, Md.**
 18. Funeral director..... **George Eichen M. Eichen**
 Address..... **Lonaconing, Maryland**

19. **April 17, 1946**
 (Date rec'd by registrar) Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **April 17** 19 **46** at **12:45 P.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 15 19 **45** to **April 17** 19 **46**
 and that I last saw h..... er alive on **April 17** 19 **46**

Immediate cause of death..... **Pulmonary Tuberculosis** DURATION..... **27 Mos.**

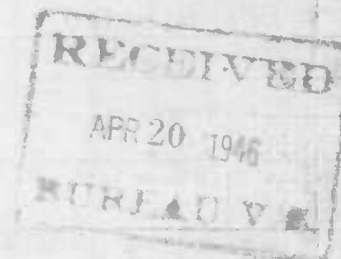
Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... **R. W. Beebe** M. D. **Allegheny**
 Address..... **State Sanatorium, Md.** Date signed **4/18/46**



10560

RECEIVED

APR 18 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15-4

03792

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 4/17/44
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 4/17/44

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 340 E. 22nd St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William J. O'Brien

3. (b) Social Security Number

163-20-3035

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

10/6/1899

8. AGE:

Years

Months

Days

If less than one day

4665

.....hrs.min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Salesman

11. Industry or business

FATHER
MOTHER

12. Name

Michael J. O'Brien

13. Birthplace

Baltimore, Md.

14. Maiden name

Anne McCormick

15. Birthplace

Baltimore, Md.

16. Informant

Deceased

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Unknown 4/13/46
(month) (day) (year)

Cemetery or crematory

Cathedral Unknown Cem

Location

Baltimore, Unknown Md.

18. Funeral director

Wiedfield & Sons

Address

Baltimore, Maryland

19. (Date rec'd by registrar)

4/11/46

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 19 46 at 5:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 17 1944, to April 11 19 46
 and that I last saw him alive on April 11 19 46

Immediate cause of death

Tuberculous Meningitis

DURATION

5 Days~~xxxx~~Pulmonary Tuberculosis54 Mos.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. H. BaconM. D. ~~xxxx~~Address State Sanatorium, Md. Date signed 4/11/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 12 1946
BUREAU OF A R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03793

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
 City or town... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 3/1/44
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 3/1/44

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Pennsylvania County...
 City or town... Shamokin
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 641 S. Diamond St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Frank J. Okeniski

3. (b) Social Security Number

180-03-3315

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 8. AGE: Years 42 Months 4 Days 24 If less than one day
 11. Industry or business

9. Birthplace... Shamokin, Pa.
 (Town, county, and state)
 10. Usual occupation... Ship Rigger
 12. Name... Frank J. Okeniski
 13. Birthplace... Pennsylvania
 14. Maiden name... ?
 15. Birthplace... Poland
 18. Informant... Deceased

Address
 17. Date thereof... (month) (day) (year)
 (Burial, cremation, or removal. Which?)
 Cemetery or crematory...
 Location... Shamokin, Pa.
 18. Funeral director... M.L. Creager & Son
 Address... Thurmont, Md.
 19. Date rec'd by registrar... 4/3/46 Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH... April 3 1946 at 3:30 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 1 1944 to April 3 1946
 and that I last saw him alive on April 3 1946
 Immediate cause of death...
Pulmonary Tuberculosis DURATION 48 Mos.
Laryngeal Tuberculosis 5 Mos.
Silicosis 10 Yrs.
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op.
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE R. G. Beebe M. D. X
 Address... State Sanatorium, Md. Date signed 4/3/46

RECEIVED
APR 6 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-2)

CERTIFICATE OF DEATH



03794 31

Reg. Dist. No.

1. PLACE OF DEATH:

County JeffersonCity or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredensCity or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Joseph Payne

3. (b) Social Security Number

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of ~~husband~~ or wife Alma Kuchubiel7. Birth date of deceased (mo., day, yr.) Jan 3 1869 B. (c) If alive, give age _____ years8. AGE: Years 77 Months 3 Days 22 If less than one day _____ hrs. _____ min.9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Bernard Payne13. Birthplace Virginia14. Maiden name Unknown

15. Birthplace

16. Informant Joseph Payne JrAddress Jefferson Md17. Burial Date there April 27 46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory JeffersonLocation Lorettsville Va18. Funeral director C. H. Pate + BrosAddress Brunswick Md.19. 25 April 19. 46 Elizabeth G. Hede
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 19 46 at 6:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 19 46 to April 25 19 46 and that I last saw him alive on April 24 19 46

Immediate cause of death

Cerebral hemorrhage DURATION 5 DaysDue to ArteriosclerosisDue to SenilityOther conditions Binocular 2 mo

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ge J Price M. D. or otherAddress Jefferson Md Date signed 4/25/46

RECEIVED

APR 27 1946

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-7)

03795

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:

122 East Seventh Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 122 East Seventh Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

WILLIAM KIRACOFE PERRY

3. (b) Social Security Number

220-05-6084

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Sarah Page6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) September 16, 18688. AGE: Years 77 Months 6 Days 28 If less than one day
hrs. min.9. Birthplace Walkersville-Frederick-Maryland
(Town, county, and state)10. Usual occupation Salesman11. Industry or business L. A. Rice and Son12. Name Jacob S. Perry13. Birthplace Frederick County Maryland14. Maiden name Martha Geesey15. Birthplace Frederick County Maryland16. Informant Mrs. Sarah P. PerryAddress 122 E. 7th St., Frederick, Md.17. Burial Date thereof 4/13/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 12 April 1946 Elizabeth G. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10th, 1946 at 12:55A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on April 9th 1946Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE H. Etchison M. D.Address Frederick, Maryland Date signed 4-10-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 15 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

03796

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 yrs.
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 212 Rockwell Terrace
 (If rural, give LOCATION)
 2.(a) If veteran, name war. none

3. (a) FULL NAME

Sally Setrick Rau

3. (b) Social Security Number

none

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife R. M. Rau
 6. (c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) March 19-1878
 8. AGE: Years 68 Months 0 Days 12 It less than one day hrs. min.

9. Birthplace Mannington - W. Virginia
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Marion Setrick
 13. Birthplace Mannington - W. Va.
 14. Maiden name Homish Jane Huey
 15. Birthplace Mannington - W. Va.

16. Informant R. M. Rau
 Address 212 Rockwell Terrace - Fredk
 17. Burial
 (Burial, cremation, or removal. Which?) Date thereof 4-3-46 mt.
 (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick - Maryland
 18. Funeral director C. E. Olive and Son
 Address Frederick - Maryland

19. 2-April 1946 Elizabeth G. Hark
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1- 1946 at 6:12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1946 to Apr 1 1946
 and that I last saw him alive on Apr 1- 1946

Immediate cause of death Cerebral Hemorrhage
 Due to 3 weeks
 Due to —
 Other conditions —
 (Include pregnancy within 3 months of death)

Major findings of operations —
 Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —

23. SIGNATURE E. P. Thomas M. D. or other —
 Address Frederick Md Date signed Apr 2-46

RECEIVED
APR 3 1946
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (658)

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Brownsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred:
Schnauffer Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Irego - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Kendysville Md. R. 1
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

Jane Elizabeth Reeder

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife Single

7. Birth date of deceased (mo., day, yr.) March 18, 1927 8. (c) If alive, give age _____ years

8. AGE: Years 19 Months 1 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Eakles Mill Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation None

11. Industry or business in School

12. Name Otha C. Reeder

13. Birthplace Park Hall Wash. Co. Md.

14. Maiden name Olive Miller

15. Birthplace Burkettsville Ind. Co. Md.

16. Informant Otha C. Reeder

Address Kendysville Md. R. 1

17. Burial Date thereof April 21, 1946
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Bonsbro Cemetery

Location Bonsbro Md.

18. Funeral director Wm J. Bat & Son

Address Bonsbro Md.

19. April 19 19 46 Eugenia H. Burke
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 19 46 at 9:31 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him/her on April 18 19 46

Immediate cause of death Hemorrhage of adrenal gland DURATION 3 days

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P.W. Bon Deputy Med Ex

M. D. or other _____

Address Frederick, Md Date signed 4/18/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 22 1946

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B37*

CERTIFICATE OF DEATH

03798

Reg. Dist. No. *131*

1. PLACE OF DEATH:

County *Fredenburg*
City or town *Fredenburg*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *2 years*
Hospital, institution, or street address where death occurred:
105 East 2nd St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *MD* County *Fredenburg*
City or town *Fredenburg*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *105 East 2nd*
(If rural, give LOCATION)
2.(a) If veteran, name war *none*

3.(a) FULL NAME

Stone Matter Pesser

3.(b) Social Security Number

none

4. Sex *female* 5. Color or race *white* 6.(a) Single, married, widowed, or divorced *widowed*

6.(b) Name of husband or wife *Rev. Cha. B. Pesser*

(dead)

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) *April 19, 1860*

8. AGE: Years *85* Months *11* Days *18* If less than one day _____ hrs. _____ min.

9. Birthplace *Emmitsburg, Fred. Co., Md.*
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name *Louis M. Matter*

13. Birthplace *Fredenburg, Co. Md*

MOTHER 14. Maiden name *Alice Rudisil*

15. Birthplace *Fredenburg Co., Md.*

16. Informant *Louis M. Matter*

Address *Fredenburg, Md*

17. *Burial* Date thereof *4/9/46*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or other place *Mt. Olivet*

Location *Hanover, Pa*

18. Funeral director *Harry E. Gault Co*

Address *Fredenburg, Md.*

19. *8 April* 19 *46* *Elizabeth Y Hecks*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Apr 7* 19 *46* at *4 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 19 19 *46* to *Apr 7* 19 *46*

and that I last saw him alive on *Apr 7* 19 *46*

Immediate cause of death _____ DURATION _____

Cerebral Hemorrhage *2 Wks*

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE *E. J. Thomas* M. D. or other _____

Address *Fredenburg, Md.* Date signed *Apr 8 46*

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1946

BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134-2

CERTIFICATE OF DEATH

03799 131
Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 2 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Jefferson - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Jefferson
(If rural, give LOCATION)
None
2. (a) If veteran, name war

3. (a) FULL NAME SUSAN RICE
3. (b) Social Security Number None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
6. (b) Name of husband or William Rice
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) September 17, 1886
8. AGE: Years Months Days If less than one day
59 7 4 hrs. min.

9. Birthplace Dardan, Maryland
(Town, county, and state)
10. Usual occupation At Home
11. Industry or business
12. Name Daniel B. Hane
13. Birthplace Dardan, Maryland
14. Maiden name Barbara Ellen Hoffmaster
15. Birthplace Dardan, Maryland

16. Informant Mrs. John S. Bowlus
Address Near Jefferson, Maryland
17. Burial Date thereof 4/23/46
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or ossuery Pleasant View Cemetery
Location Near Burkittsville, Maryland
18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 22 April 19 46 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 19 46 at 12:15P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 46 to April 21 19 46
and that I last saw him alive on April 21 19 46
Immediate cause of death Cerebral Decomposition DURATION 2 days
Due to Coronary Occlusion 1 1/2 x 6
Due to Coronary Sclerosis
Other conditions Myocarditis 54 x 10
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE C. P. Duce M. D.
Jefferson M. D. or other
Address Date signed 4/21/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 23 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct way is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03800

Reg. Dist. No. 132

1. PLACE OF DEATH:

County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2(a) If veteran, name war no

3. (a) FULL NAME

Millard T. Riddlemoser

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Ellen E. Riddlemoser7. Birth date of deceased (mo., day, yr.) Jan. 25, 1894 6. (c) If alive, give age _____ years8. AGE: Years 62 Months 3 Days 5 If less than one day _____ hrs. _____ min.9. Birthplace Middletown Frederick Co. Md.
(Town, county, and state)10. Usual occupation Day laborer - (uniton)

11. Industry or business

12. Name Marion F. Riddlemoser13. Birthplace Frederick, Md.14. Maiden name Marjaret Ann Smith15. Birthplace Middletown, Md.16. Informant Howard RiddlemoserAddress Frederick, Md.17. Burial Date thereof May 3, 46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reform CemeteryLocation Middletown, Md.18. Funeral director Gladihill Co.Address Middletown, Md.19. May 3 1946 Marie Gladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946 at home

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw him last on April 30 1946Immediate cause of death coronary occlusion DURATION minutes

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. W. Bau Dr. Wm. E. ExAddress Frederick, Md. M. D. or other _____ Date signed 4.30.46

RECEIVED

MAY 9 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03801

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 4 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Mount Airy
(If outside city or town limits, write RURAL and give nearest town)Street No. Main Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

LAURA VIRGINIA RUDY

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W6. (a) ~~Single, married, widowed, or divorced~~W

B. (b) Name of husband or wife

Walter R. Rudy

7. Birth date of

deceased (mo., day, yr.)

November 7, 1866

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

7956

hrs.

min.

9. Birthplace

Middletown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

John Henry Routzahn

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Amanda Doub

15. Birthplace

Frederick County Maryland

16. Informant

W. Dana Rudy

Address

Westminister, Maryland

17. Burial

(Burial, cremation, or other)

Date thereof

4/15/46

(month) (day) (year)

Cemetery or crematory

Reformed Cemetery

Location

Middletown, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

15 April 1946

1946

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th, 1946 at 3:40P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 10 1946 to Apr 13 1946
and that I last saw her alive on Apr 13 1946

Immediate cause of death

DURATION

Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

EP Shum

M. D.

M. D. or other

Address Frederick, MarylandDate signed 4-14-46

10810

RECEIVED

APR 17 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (546) 7

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

10 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #2
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

Near Urbana

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (a) FULL NAME

ELSIE ELIZABETH RUSSELL

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Robert Russell

7. Birth date of

deceased (mo., day, yr.)

Unknown

6. (c) If alive, give age

37

years

8. AGE:

Years

Months

Days

If less than one day

34?

hrs.

min.

9. Birthplace

Nr. Urbana-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Sadie Lee

15. Birthplace

Frederick County Maryland

16. Informant

Robert RussellAddress R.F.D.#2, Frederick, Maryland

17.

(Burial, cremation, or removal, which?)

Date thereof

4/17/46

(month) (day) (year)

Cemetery or crematory

Sugar Land Cemetery

Location

Near Poolesville, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

(Date rec'd by registrar)

16 AprilElizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

13 APRIL

19

46

at

7:05A

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12 APRIL

19

46

to

13 APRIL

19

46

and that I last saw her

12 APRIL

19

46

Immediate cause of death

HYPOTATATIC PNEUMONIA
(BILATERAL)

DURATION

48 Hrs (?)

Due to

COMA AND RT. SIDED

Due to

CHRONIC CONVULSIONS

Due to

OBRAIN TUMOR, OR

Due to

2 CNS SYMPTOMS Serological and spinal fluid

Other conditions

SEVERE DEHYDRATION reactions were neg

(Include pregnancy within 3 months of death)

live for syphilis
Cu&R

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Conley Jr.

M. D. or other

Address

FREDERICK, Md.

Date signed

13 APR 46

05815

MISSOURI STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
APR 18 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03803/32

1. PLACE OF DEATH;

County FredrickCity or town Middleton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FredrickCity or town Middleton
(If outside city or town limits, write RURAL and give nearest town)Street No. 3
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William D. Seward

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Annanda C. Seward7. Birth date of deceased (mo., day, yr.) July 25, 1861 6.(c) If alive, give age..... years8. AGE: Years 84 Months 8 Days 10 If less than one day..... hrs. min.9. Birthplace Baltimore City, Maryland
(Town, county, and state)10. Usual occupation Retired Day Laborer11. Industry or business Butter Creamery12. Name Solomon Seward13. Birthplace Baltimore, Md.14. Maiden name Unknown

15. Birthplace

16. Informant Rev. K. OverAddress Middleton, Md.17. Buried Date thereof 4-7-46
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory Reform CemeteryLocation Middleton, Md.18. Funeral director Bladhill Co.Address Middleton, Md.19. Apr 7 1946 Marie Bladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1946, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 19..... to April 5 1946and that I last saw him/her alive on April 5 1946

Immediate cause of death.....

Arterio Sclerosis

Due to.....

Due to.....

Other conditions Probable Carcinoma 3 mo.
Stomach
(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE J. E. Harp M.D.Address Middleton Date signed 4-6-46

0380

RECEIVED

APR 25 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County FrederickCity or town State Sanatorium
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 11 mos.

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? 11 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CecilCity or town Perryville
(If outside city or town limits, write RURAL and give nearest town)Street No. - - -
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Hall Short

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Dorothy E. Short

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 22, 19158. AGE: Years 30 Months 10 Days 0 If less than one day _____ hrs. _____ min.9. Birthplace Earlville, Cecil Co. Md.
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Hall J. Short13. Birthplace Middletown, Del.14. Maiden name Vertie Wooleyhan15. Birthplace Earlville, Cecil Co. Md.18. Informant Dorothy E. Short, WifeAddress Perryville, Cecil Co. Md.17. unknown Burial Date thereof unknown 4/25/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Earlville, Cecil Co. Md.Location Cecilton, Md.18. Funeral director Edward FellowsAddress Mullington, Md.19. April 22 19 46
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 19 46 at 3:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 17 19 46 to April 22 19 46and that I last saw him alive on April 21 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

7 1/2 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

R. L. BainesM. D. 1946Address State Sanatorium, Md. Date signed 4/22/46

RECEIVED
APR 23 1946
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

03805

131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 21 YearsHospital, institution, or street address where death occurred:
514 Trail Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 514 Trail Avenue
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

RIDGLEY DELZELL SIMPSON

3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Anna Florence Albaugh7. Birth date of deceased (mo., day, yr.) August 23, 1864 6. (c) If alive, give age 75 years8. AGE: Years 81 Months 7 Days 13 If less than one day
hrs. min.9. Birthplace New London-Frederick-Maryland
(Town, county, and state)10. Usual occupation Painter

11. Industry or business

12. Name Basil J. F. Simpson13. Birthplace Frederick County Maryland14. Maiden name Laura J. Nusbaum15. Birthplace Frederick County Maryland16. Informant Mrs. Anna S. SimpsonAddress 514 Trail Ave., Frederick, Md.17. Burial Date thereof 4/8/46
(Burial, cremation, or removal-Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 8 April 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th, 1946, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19 and that I last saw him DEAD April 6th, 1946

Immediate cause of death

DURATION

Coronary occlusion 10 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE DR. R. W. BAER M. D.Address Frederick, Maryland Date signed 4-6-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 9 1946
BUREAU V.B.

03806 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 6/25/45
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 6/25/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3819 Reisterstown Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Emma Sloan

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

8.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1890 6.(c) If alive, give age _____ years

8. AGE: Years 55 Months 6 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Newark, N. J.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business _____

12. Name Henry Sloan

13. Birthplace Newark, N. J.

14. Maiden name Carolina Nickles

15. Birthplace Arlington, N. J./

Deceased

16. Informant _____
Address _____

17. Unknown Removal Date thereof Unknown 4/27/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Unknown

Location !! Buffalo, N.Y.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. 4/27 19 46
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 19 46, at 5:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 19 45, to April 27 19 46, and that I last saw her alive on April 27 19 46.

Immediate cause of death Pulmonary Tuberculosis DURATION 2 Years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. W. Baccin. M. D. JOHN

Address State Sanatorium, Md. Date signed 4/27/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 30 1946

BUREAU V.S.

RECEIVED

APR 30 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03807 139
Reg. Dist. No.

1. PLACE OF DEATH: **Frederick**
County.....
City or town **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Since 1/23/46**
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? **Since 1/23/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State **Maryland** County.....
City or town **Baltimore**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **425 N. Luzerne Ave.**
(If rural, give LOCATION)
2. (a) If veteran, name war.....

3. (a) FULL NAME **John A. Sluzewski**
3. (b) Social Security Number **216-07-3084**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**
6. (b) Name of husband or wife.....
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) **June 6, 1915**
8. AGE: Years **30** Months **10** Days **11** If less than one day
..... hrs. min.

9. Birthplace **Baltimore, Md.**
(Town, county, and state)
10. Usual occupation **Laborer**
11. Industry or business.....
FATHER 12. Name **John Sluzewski**
13. Birthplace **Baltimore, Md.**
MOTHER 14. Maiden name **Agnes Przylylski**
15. Birthplace **Baltimore, Md.**
18. Informant **Deceased**

Address.....
17. **Burial** Date thereof **4/20/46**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery **Holy Rosary**
Location **Baltimore, Maryland**
18. Funeral director **Fred W. Ozazewski**
Address **1930 Eastern Ave., Balto., Md.**

19. **april 17 1946** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **April 17** 19 **46** at **6:40 P.M.**
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 23 19 **46** to **April 17** 19 **46**
and that I last saw him alive on **April 17** 19 **46**

Immediate cause of death **Pulmonary Tuberculosis**
DURATION **10 Mos.**
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE **P. B. Baccin** M. D. **XXXX**
Address **State Sanatorium, Md.** Date signed **4/18/46**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 20 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 171-6

CERTIFICATE OF DEATH

03808

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Mt. Pleasant
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Mt. Pleasant
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Albert Luther Stately

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Quinn M. Edgner6. (c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) Apr. 5, 18708. AGE: Years 75 Months 11 Days 27 It less than one day _____ hrs. _____ min.9. Birthplace Mt. Pleasant, Md.
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Jacob E. Stately13. Birthplace Frederick Co. Md14. Maiden name Frances Danner15. Birthplace Carroll Co. Md.16. Informant Mrs. Albert E. StatelyAddress Mt. Pleasant, Md.17. Burial Date thereof Apr. 4, 1946
(Burial, cremation, or removal. What?) (month) (day) (year)Cemetery or crematory Union ChapelLocation near Liberty town Md.18. Funeral director Burke & KitzlerAddress 2 Woodsboro, Md.19. 3 April 19 46 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 2 19 46 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 44 to Apr 2 19 46and that I last saw him live on Apr 1 19 46Immediate cause of death Hypertensive Cardiac Vascularrenal disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE E. E. Stately M. D. or otherAddress Woodsboro, Md. Date signed Apr 2, 46

RECEIVED

APR 5 1946

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 576

CERTIFICATE OF DEATH

03809 131
Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
606 Middle Alley
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 606 Middle Alley
(If rural, give LOCATION)
2(a) If veteran, name war None

3. (a) FULL NAME
HOWARD ARTHUR STOCKMAN, JR.

3. (b) Social Security Number
217-10-0152

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband or wife Mary M. Mercer
6. (c) If alive, give age 22 years
7. Birth date of deceased (mo., day, yr.) January 9, 1921
8. AGE: Years 25 Months 3 Days 5 If less than one day
hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

12. Name Howard A. Stockman, Sr.
13. Birthplace Frederick County Maryland
14. Maiden name Margaretta V. Shull
15. Birthplace Frederick County Maryland

16. Informant Mrs. Mary M. Stockman
Address 606 Middle Alley, Frederick, Md.

17. Burial 4/17/46
(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 17 April 19 46
(Date received by registrar) Registrar Elizabeth G. Heck

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14th, 1946 at 4:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw him in DEAD April 14th, 1946

Immediate cause of death Brain Tumor?
Malignant. Duration, six months. DURATION unknown

Due to Cerebr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Ben Deputy Medical Examiner
M. D. or other

Address Frederick, Maryland Date signed 4-16-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 18 1946

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 835

03810

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Rural Lerristown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 75 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Henry Stottlemeyer

3. (b) Social Security Number

no

4. Sex

male

5. Color of race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Effie I. Harper

7. Birth date of

deceased (mo., day, yr.)

May 25 - 18706. (c) If alive, give age 70 years

8. AGE:

Years

75

Months

10

Days

27

If less than one day

hrs.

min.

9. Birthplace

Lerristown Fredk Co. Md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Franklin Stottlemeyer

12. Name

Wolfsville Md

13. Birthplace

Wolfsville Md

14. Maiden name

Marjial Jackson

15. Birthplace

Wolfsville Md

16. Informant

Mrs Effie I Stottlemeyer

Address

Thurmont Md

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

Apr 24 - 46
(month) (day) (year)

Cemetery or crematory

Wolfsville Fredk Co. Md

Location

M. L. Creager

18. Funeral director

Thurmont Md

Address

Blanche S. Egle19. April 24 19 46

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Md

County

Frederick

City or town

Rural Lerristown
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

no

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 22 19 46 at 5 A: M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15 19 46 to Apr 22 19 46and that I last saw him alive on Oct 12, 46 19 46

Immediate cause of death

apoplexy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. E. Stottlemeyer
Wolfsville, Md

M. D. or other

Date signed Apr 23, 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01820

RECEIVED BY THE BUREAU OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

RECEIVED
APR 26 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

03811

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
115 East Patrick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 115 East Patrick Street
(If rural, give LOCATION)2(a) If veteran, name war None

3. (a) FULL NAME

MARGARETTA ELIZABETH STRASBERGER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Dudley Strasberger

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1879

8. AGE:	Years	Months	Days	It less than one day
	<u>66</u>	<u>11</u>	<u>4</u>hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

FATHER 12. Name John H. Fleischman13. Birthplace GermanyMOTHER 14. Maiden name Christina Baker15. Birthplace Germany18. Informant Mrs. Edward D. FarnsworthAddress 115 E. Patrick St., Frederick, Md17. Burial Date thereof 4/15/46
(Burial, cremation, or removal, etc.) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 12 April 19 46 Elizabeth G. Herb

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 19 46 at 10:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 to April 11 19 46and that I last saw him alive on April 11 19 46Immediate cause of death Chc Valvular DiseaseConduction System DiseaseDue to exhaustion

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Lawrence Fanning M. D.Address Frederick, Maryland M. D. or otherDate signed 4-12-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1165

WILLIAM J. DUNN, STATE CHAIRMAN

1945-46 ANNUAL REPORT

RECEIVED

APR 15 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03812 139
Reg. Dist. No.

1. PLACE OF DEATH:

County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... Since 8/22/45
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 8/22/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County...
City or town... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No... 618 S. Eaton St.
(If rural, give LOCATION)
2.(a) if veteran, name war... World War 1 ✓

3. (a) FULL NAME

Walter Szymanski

3. (b) Social Security Number

212-01-5154

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Estell Szymanski6.(c) If alive, give age... 46 years7. Birth date of deceased (mo., day, yr.) May 28, 1899

8. AGE:

Years

46

Months

10

Days

6

If less than one day

hrs.

min.

9. Birthplace... Baltimore, Maryland
(Town, county, and state)10. Usual occupation... Assistant Foreman

11. Industry or business

12. Name... Andrew Szymanski13. Birthplace... Poland14. Maiden name... Josephine Pozenka15. Birthplace... Poland16. Informant... Deceased

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof... 4/6/46
(month) (day) (year)Cemetery or crematory... Sacred HeartLocation... German Hill Rd., Balto. Co., Md.18. Funeral director... M. L. Creager & SonAddress... Thurmont, Maryland19. 4/13/46 19...
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... April 3 19 46, at 2:50 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 22 19 45, to Apr. 3 19 46, and that I last saw him alive on April 3 19 46.

Immediate cause of death

Tuberculous Meningitis

DURATION

10 DaysPulmonary Tuberculosis12 Mos.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. Beebe

M. D. Seal X

Address... State Sanatorium, Md. Date signed... 4/11/46

RECEIVED
APR 6 1946
BUREAU V B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03813

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 State State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 2/25/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 2/25/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St. Mary's
 City or town Mechanicsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Catherine E. Tippet

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband ~~xxx~~ Webster Tippet

7. Birth date of deceased (mo., day, yr.)

January 15, 1927

8. (c) If alive, give age

23 years

8. AGE:

Years

Months

Days

If less than one day

19

2

24

hrs.

min.

9. Birthplace

Mechanicsville, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

John Pelton

13. Birthplace

Maryland

MOTHER

14. Maiden name

Florence Owings

15. Birthplace

Maryland

16. Informant

Webster Tippet (Husband)

Address

Mechanicsville, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/11/46

(month) (day) (year)

Cemetery

St. Josephs

Location

Morganza, Maryland

18. Funeral director

W. C. Mattingley & Sons

Address

Leomardtwn, Maryland

19.

(Date rec'd by registrar)

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 19 46, at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 25 19 46, to April 8 19 46, and that I last saw him er alive on April 8 19 46.

Immediate cause of death

Far advanced bilateral pulmonary tuberculosis with cavitation

DURATION

3 Mos.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

R. W. Bacon

M. D. ~~xxxx~~

Address State Sanatorium, Md. Date signed 4/9/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 11 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Fredrick
 City or town Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 55 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town 29 West Main Street
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Emmitsburg
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Guy John Topper

3. (b) Social Security Number

none

4. Sex m 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Stella I. Long
 6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 19, 1890

8. AGE: Years 55 Months 10 Days 11 If less than one day
 _____ hrs. _____ min.

9. Birthplace Emmitsburg, Md.
 (Town, county, and state)

10. Usual occupation Barber

11. Industry or business _____

12. Name Jacob I. Topper

13. Birthplace Adams Co, Pa.

14. Maiden name Ada Waraman

15. Birthplace Fredrick Co, Md.

16. Informant Mrs. Guy S. Topper

Address Emmitsburg, Md.

17. burial Date thereof May 3, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Joseph

Location Emmitsburg, Md.

18. Funeral director A. L. Allison

Address Emmitsburg, Md.

19. May 1 - 1946 M. F. Shuff
 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1946, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to April 30, 1946

and that I last saw him alive on April 30, 1946

Immediate cause of death Cardiac decompensation DURATION 6 mo.

Due to hypertension } several

Due to chronic myocarditis } years

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. P. Cullen M.D. M. D. or other _____

Address Emmitsburg, Md. Date signed 5-1-46

RECEIVED

MAY 3 1946

BUREAU V. L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1242)

CERTIFICATE OF DEATH

13815

Reg. Dist. No.

131

1. PLACE OF DEATH:

County...

City or town...

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State...

County...

City or town...

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war...

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

..... hrs.

..... min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

RECEIVED
APR 30 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03816

Reg. Dist. No. 139

1. PLACE OF DEATH

County Frederick
 City or town Sabillasville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
 City or town Sabillasville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

George B. Waynant

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

October 31 1869

8. AGE:

Years

Months

Days

If less than one day

76522

.....hrs.

.....min.

9. Birthplace

Waynesboro, Pa.
(Town, county, and state)

10. Usual occupation

Farmer (Retired)

11. Industry or business

FATHER
MOTHER

12. Name

G. B. Waynant

13. Birthplace

Quincy, Pa.

14. Maiden name

Madison Bender

15. Birthplace

Waynesboro, Pa.

16. Informant

Wm. J. P. Wastough

Address

45 N. Church St. Waynesboro Pa.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4/23/46
(month) (day) (year)

Cemetery or crematory

Green Hill Cemetery

Location

Waynesboro, Pa.

18. Funeral director

Wm. J. P. Wastough

Address

27 N. Church St. Waynesboro Pa.

19. (Date rec'd by registrar)

4/24/46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 23 1946 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 10 1946 to April 23 1946
and that I last saw him alive on April 22 1946

Immediate cause of death

Exhaustion from overwork

Due to

Coronary Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm. J. P. Wastough M.D.

M. D. or other

Address

Thurmont - Md. Date signed 4/24/46

RECEIVED
APR 26 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-70

CERTIFICATE OF DEATH

03817

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FredenickCity or town Fredenick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

300 West 7th St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredenickCity or town Fredenick
(If outside city or town limits, write RURAL and give nearest town)Street No. 300 West 7th St

(If rural, give LOCATION)

2. (a) If veteran, name war none

3. (a) FULL NAME

Janet Stuart Williams

3. (b) Social Security Number

none4. Sex female5. Color or race white6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Rev Elmer E. Williamsdead

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug 6 18608. AGE: Years 85 Months 7 Days 17 If less than one day _____ hrs. _____ min.9. Birthplace Brooklyn N. Y.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name unknown13. Birthplace "14. Maiden name unknown15. Birthplace "16. Informant Catherine E. WilliamsAddress Fredenick, MD17. Bremerton Date thereof 4/24/46
(Month) (day) (year)18. Fort Lincoln
(City or town) (County) (State)Location Prince Georges County, MD19. Funeral director Harry E. Carty CoAddress Fredenick, MD20. 24 April 1946
(Date rec'd by registrar)Elizabeth G. Hark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 23 1946, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 22 1946 to Apr 23 1946and that I last saw her alive on Apr 23 1946

Immediate cause of death _____

Coronary occlusion

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE EP Thomas M. D. or other 22Address Fredenick Date signed Apr 22

51680

RECEIVED
APR 25 1946
BUREAU VE